

01-03-04

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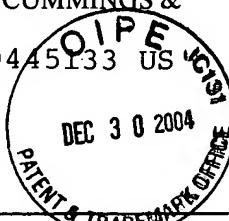
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26568 7590 09/30/2004

COOK, ALEX, MCFARRON, MANZO, CUMMINGS &
 MEHLER LTD
 SUITE 2850
 200 WEST ADAMS STREET
 CHICAGO, IL 60606

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Renee C. Barthel, 48,356	(Depositor's name)
<i>Renee C. Barthel</i>	(Signature)
December 30, 2004	(Date)

APPLICATION NO.	FILING DATE	LAST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/015,440	12/13/2001	Michael D. Hooven	HOOV 121	9993

TITLE OF INVENTION: COMBINATION ABLATION AND VISUALIZATION APPARATUS FOR ABLATING CARDIAC TISSUE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	12/30/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS	
ROLLINS, ROSILAND STACIE		3739		606-032000	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Cook, Alex, McFarron,
 2 Manzo, Cummings &
Mehler, Ltd.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Atricure Inc.

West Chester, PA	01 FC:2501	700.00 DA
	02 FC:1504	300.00 DA
	03 FC:8001	30.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies ten (10)

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1039 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Renee C. BarthelDate December 30, 2004Typed or printed name Renee C. BarthelRegistration No. 48,356

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